

Fill in this information to identify the case:

Debtor name TBA Global, LLC f/k/a TBA Global Events, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 14, 2016

x /s/ Stephan M. Pinsly

Signature of individual signing on behalf of debtor

Getzler Henrich & Associates LLC, by Stephan M. Pinsly

Printed name

Chief Responsible Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name TBA Global, LLC f/k/a TBA Global Events, LLC
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 569,961.10
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 569,961.10

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 13,955,215.12
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 217,260.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 9,731,235.02
4. Total liabilities Lines 2 + 3a + 3b	\$ 23,903,710.14

Fill in this information to identify the case:

Debtor name TBA Global, LLC f/k/a TBA Global Events, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.	Webster Bank 145 Bank Street Waterbury, CT 06720	Operating	9508	\$2,975.17
3.2.	Webster Bank 145 Bank Street Waterbury, CT 06720	Custodial	9542	\$0.00
3.3.	Webster Bank 145 Bank Street Waterbury, CT 06720	Payroll	9524	\$0.00

4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,975.17**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Debtor TBA Global, LLC f/k/a TBA Global Events, LLC Case number (If known) _____
Name

Southfield HS Development LLC
26555 Evergreen Rd. Ste. 102
Southfield, MI 48076

7.1. [Security deposit with landlord] \$14,990.25

Rollins Associates L.P.
1415 Elm Hill Pike
Nashville, TN 37210

7.2. [Security deposit with landlord] \$1,150.00

Wheels Up
220 W. 42nd Street Floor 10
New York, NY 10036

7.3. [Security deposit with landlord] \$34,615.04

Fort IX, LLC
113 Seaboard Lane, Suite A-105
Franklin, TN 37067

7.4. [Security deposit with landlord] \$3,414.77

Pacific Union Co.
106 Lincoln Blvd.
San Francisco, CA 94129

7.5. [Security deposit with landlord] \$2,912.79

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. The Hartford - Workers Compensation \$7,084.62

8.2. Philadelphia Insurance Policies - Entertainment Umbrella \$5,112.00

8.3. Philadelphia Insurance Policies - Entertainment \$2,762.00

8.4. ACE Foreign Package - insurance \$875.00

8.5. AON Ent & Foreign Financing - insurance \$255.41

8.6. Indian Harbor - Professional Liability Insurance \$15,444.00

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$88,615.88

Debtor TBA Global, LLC f/k/a TBA Global Events, LLC Case number (If known) _____
Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

* This estimate is for projects not completed.

11. **Accounts receivable**

11a. 90 days old or less: 4,078,370.05 - 3,600,000.00 * = \$478,370.05
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$478,370.05

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Miscellaneous furniture.	\$312.51		\$0.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Ricoh leased copiers at the New York, Detroit, and Nashville locations.	Undetermined		\$0.00
	Television, laptops, computers and server equipment at various debtor locations.	\$19,743.70		\$0.00

Debtor TBA Global, LLC f/k/a TBA Global Events, LLC Case number (If known) _____
Name

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
Trademarks			
- Serial No. 85462952 "How1Loud"			
- Serial No. 85497752 "Fastest Kid in America"			
- Serial No. 85497723 "Evento"			
- Serial No. 85470127 "LUVLOUD"			
- Serial No. 78517047 "TBA GLOBAL EVENTS"			
- Serial No. 85691291 "Fandom"	\$1,499,994.00		Undetermined

65. **Goodwill**

Debtor TBA Global, LLC f/k/a TBA Global Events, LLC
Name

Case number (if known) _____

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?**

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

TBA Global, LLC v. Proscenium Events, LLC, Mark Shearon, Chuck Santoro, Mark Leiss, James Cavanaugh, Peter Pastor, Leah Taylor, Jeff Clinkenbeard, Keirsten Hammett, Dale Allarde and Jenna Passmore. Supreme Court, New York County. Index No. 651171/2012

Undetermined

Nature of claim

Breach of non-compete agreement & misappropriation of trade secrets and clients.

Amount requested

unknown

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

TBA Global Marketing Inc.
[100% equity interest]

Undetermined

TBA Global Limited

[100% membership interest]

Undetermined

Debtor TBA Global, LLC f/k/a TBA Global Events, LLC Case number (If known) _____
Name

Global Events and Marketing, LLC
[100% membership interest]

Undetermined

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

TBA Global Marketing Inc.
[Intercompany receivable balance from debtor's Canadian subsidiary]

Undetermined

TBA Global Limited
[Intercompany receivable balance from debtor's UK subsidiary]

Undetermined

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor TBA Global, LLC f/k/a TBA Global Events, LLC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$2,975.17</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$88,615.88</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$478,370.05</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$569,961.10</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$569,961.10</u>

Fill in this information to identify the case:

Debtor name TBA Global, LLC f/k/a TBA Global Events, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Webster Bank, National Assoc. <small>Creditor's Name</small> Two Stamford Plaza 281 Tresser Blvd., 4th Floor Stamford, CT 06901 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,578,000.00	Undetermined

2.2	Webster Bank, National Assoc. <small>Creditor's Name</small> Two Stamford Plaza 281 Tresser Blvd., 4th Floor Stamford, CT 06901 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$8,377,215.12	Undetermined
-----	---	---	-----------------------	---------------------

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**
Name

Case number (if know)

☒ No

☐ Contingent

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$13,955,215.
12

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

King & Spalding LLP
Attn: Mark Maloney, Esq.
1180 Peachtree Street N.E.
Atlanta, GA 30309

Line **2.1**

King & Spalding LLP
Attn: Mark Maloney, Esq.
1180 Peachtree Street N.E.
Atlanta, GA 30309

Line **2.2**

Robinston & Cole LLP
Attn. Michael Kaufman, Esq.
885 Third Ave., 28th Floor
New York, NY 10022-4834

Line **2.1**

Robinston & Cole LLP
Attn. Michael Kaufman, Esq.
885 Third Ave., 28th Floor
New York, NY 10022-4834

Line **2.2**

Fill in this information to identify the case:

Debtor name **TBA Global, LLC f/k/a TBA Global Events, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Amanda E. Pomrenke 689 MARIN BLVD. #PH1A Jersey City, NJ 07310</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Vacation, personal, and sick pay</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$3,862.00	\$3,862.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Andrea E. Bradford 1325 JACKSON ST San Francisco, CA 94109</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Vacation, personal, and sick pay</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$2,679.00	\$2,679.00

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.3	Priority creditor's name and mailing address Andrew G. Leshner 564 MARIN AVE Mill Valley, CA 94941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,345.00	\$12,475.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Arizona Dept of Revenue Collections - Division 23 1600 West Monroe Phoenix, AZ 85007-2650	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address California Franchise Tax Board 300 S. Spring St., Suite 5704 Los Angeles, CA 90013-1265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Cezanne C. Albright-Engel 34 Knox Lane Manalapan, NJ 07726	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,635.00	\$3,635.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.7	Priority creditor's name and mailing address Christine L. Kiesling 336 FT. WASHINGTON AVE., #5H New York, NY 10033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,856.00	\$5,856.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address City Treasurer - Southfield 26000 Evergreen Road PO Box 2055 Southfield, MI 48037-2055	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes.		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Colorado Dept of State 1700 Broadway, Suite 200 Denver, CO 80217-0087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Cynthia A Bell 37351 SEABROOK DR Livonia, MI 48152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,090.00	\$5,090.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
2.11	<p>Priority creditor's name and mailing address</p> <p>Danielle Mayer 21A BELFIELD AVE Staten Island, NY 10312</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Vacation, personal, and sick pay</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		<p>\$318.00 \$318.00</p>
2.12	<p>Priority creditor's name and mailing address</p> <p>Dave L. Longwill 1505 DEMONBREUN ST. APT #601 Nashville, TN 37203</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Vacation, personal, and sick pay</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		<p>\$8,581.00 \$8,581.00</p>
2.13	<p>Priority creditor's name and mailing address</p> <p>Delaware Secretary of State Divisions of Corporations PO Box 74072 Baltimore, MD 21274-4072</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>For notice purposes.</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		<p>\$0.00 \$0.00</p>
2.14	<p>Priority creditor's name and mailing address</p> <p>Donald E. Henry 5535 STERLING LAKES CIRCLE 206 Mason, OH 45040</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		<p>\$0.00 \$0.00</p>

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.15	Priority creditor's name and mailing address Doreen N. Speller 43-32 KISSENA BLVD 6D Flushing, NY 11355	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,097.00	\$1,097.00
	Date or dates debt was incurred	Basis for the claim: Vacation, personal, and sick pay		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Elizabeth A. Jones 3 CALUMET AVE San Anselmo, CA 94960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,430.00	\$7,430.00
	Date or dates debt was incurred	Basis for the claim: Vacation, personal, and sick pay		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Georgia Dept of Revenue Attn: Office of Counsel 1800 Century Blvd. NE Atlanta, GA 30345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes.		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Gloria C. Lee 24704 CALLE CONEJO Calabasas, CA 91302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,726.00	\$9,726.00
	Date or dates debt was incurred	Basis for the claim: Vacation, personal, and sick pay		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.19	Priority creditor's name and mailing address Internal Revenue Service Bankruptcy Unit 290 Broadway - 5th Floor New York, NY 10007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes.		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Jennifer H. Gothelf 2-14TH STREET 809 Hoboken, NJ 07030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,668.00	\$4,668.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Jennifer M. Beers 17 BUHL LANE East Northport, NY 11731	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,853.00	\$1,853.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Josie L. Vilorio 5536 BIRCHVIEW LANE Camarillo, CA 93012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,761.00	\$6,761.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.23	Priority creditor's name and mailing address Kathleen L. Meissner 527 BALDWIN AVE Royal Oak, MI 48067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,084.00	\$2,084.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Kevin M Dent 3841 PARK AVE Edison, NJ 08820	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,202.00	\$6,202.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Los Angeles County LA County Tax Collector 225 North Hill St., Rm 122 Los Angeles, CA 90012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes.		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address MacKenzie R. Staffier 159 W 23 ST APT 4F New York, NY 10011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,118.00	\$5,118.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.27	Priority creditor's name and mailing address Mahabub A. Hoque 125 SPRINGFIELD RD Elizabeth, NJ 07208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,155.00	\$4,155.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address Margaret A. Roache 3875 BISHOP Detroit, MI 48224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,334.00	\$1,334.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Martin P. West 83 2 PLACE 2L Brooklyn, NY 11231	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,442.00	\$7,442.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Melissa J. Touchtone 24505 HARMON Saint Clair Shores, MI 48080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,858.00	\$2,858.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.31	Priority creditor's name and mailing address Michigan Dept of Treasury Attn: Office of Counsel Lansing, MI 48922	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes.		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Nicholas D. Mirabile 125 Sycamore Ln Fairfield, CT 06824	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,557.00	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Serverance		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address North Carolina Dept of Revenue Post Office Box 871 Raleigh, NC 27602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes.		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address NYC Dept of Finance 66 John Street, Room 104 New York, NY 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes.		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.35	Priority creditor's name and mailing address NYS Dept of Taxation & Finance Attn: Office of Counsel Bldg 9, WA Harriman Campus Albany, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes.		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Office of the Treasurer & Tax- San Francisco City Hall-Rm 140 1 Dr. Carlton B. Goodlett Plac San Francisco, CA 94102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes.		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Paula L. Balzer 2929 Gardens Blvd. Naples, FL 34105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,437.00	\$12,475.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Ping W. Shih 1108 W VALLEY BLVD STE 6-179 Alhambra, CA 91803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,614.00	\$12,475.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.39	Priority creditor's name and mailing address Rebecca L. Batterman 313 EAST 61ST ST., #6B New York, NY 10065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,322.00	\$2,322.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Richard A. Smith 116 S MILLBROOKE CT Advance, NC 27006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,615.00	\$6,615.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Richard J. Shahum 470 GLENBROOK RD #2D Stamford, CT 06906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,423.00	\$4,423.00
Date or dates debt was incurred		Basis for the claim: Serverance		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Robert F. Casinover 37 SKI LANE Mill Neck, NY 11765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,202.00	\$6,202.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.43	Priority creditor's name and mailing address Robert G. Coombs 352 BRIGHTON AVE 208 San Francisco, CA 94112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,894.00	\$3,894.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Rodrigo F. Espinosa 40 HOWLAND HILL LANE Burlingame, CA 94010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,894.00	\$9,894.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Samant McClernon-Pinches 854 WEST 180TH STREET APT #4A New York, NY 10033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,751.00	\$2,751.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Sarah A. Vitale 59 W 10 ST 1E New York, NY 10011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,206.00	\$4,206.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.47	Priority creditor's name and mailing address Susan Yin 1572 Manzanita CT COQUITLAM BC V3E 6E3, CANADA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,500.00	\$3,500.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.48	Priority creditor's name and mailing address Susana Chen 87-20 56 AVE B4 Elmhurst, NY 11373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,306.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49	Priority creditor's name and mailing address Tiana M. Rojas 207 PROSPECT PARK SW 6D Brooklyn, NY 11218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,575.00	\$1,575.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50	Priority creditor's name and mailing address Tina Marie T. Wassman 25430 WESTMORELAND Farmington, MI 48336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,461.00	\$1,461.00
Date or dates debt was incurred		Basis for the claim: Vacation, personal, and sick pay		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known)
--------	---	------------------------

2.51	Priority creditor's name and mailing address TN Dept of Revenue Richard H.Roberts,Commissioner 500 Deaderick Street Nashville, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For notice purposes.		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address Vladimir Bitel 339 AVENUE P 3B Brooklyn, NY 11204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,125.00	\$4,125.00
	Date or dates debt was incurred	Basis for the claim: Vacation, personal, and sick pay		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address Zachary M. Brown 2-3 BERGEN RIDGE ROAD North Bergen, NJ 07047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,284.00	\$3,284.00
	Date or dates debt was incurred	Basis for the claim: Vacation, personal, and sick pay		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
--	--	--	------------------------

3.1	Nonpriority creditor's name and mailing address Accounting Principals Attn: Pres or Gen Counsel Dept CH 14031 Palatine, IL 60055	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,000.00
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address Accurate Staging Nashville Inc Attn: Pres or Gen Counsel 840 Cowan Street Nashville, TN 37207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,969.06
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.3	Nonpriority creditor's name and mailing address AFCO Credit Corporation Attn: President or Gen Counsel PO Box 360572 Pittsburgh, PA 15250-6572 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	---	--

3.4	Nonpriority creditor's name and mailing address Alfred R Warner III 1445 American Pacific Dr #110- Henderson, NV 89074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	---	---

3.5	Nonpriority creditor's name and mailing address Alissa Campbell 691 N. Blacks Corner Road Imlay City, MI 48444 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$362.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	---	---

3.6	Nonpriority creditor's name and mailing address All Stage and Sound Inc Attn: Pres or Gen Counsel 21500 Laytonsville Rd Laytonsville, MD 20882 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,361.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	---	--

3.7	Nonpriority creditor's name and mailing address AMA Carpets Inc Attn: Pres or Gen Counsel 98 12th Street San Francisco, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,917.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	---	---

3.8	Nonpriority creditor's name and mailing address American Express Attn: Bankruptcy or Legal Dept PO Box 360001 Fort Lauderdale, FL 33336-0010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$451,038.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	---	---

3.9	Nonpriority creditor's name and mailing address American Furniture Rentals Inc Attn: Pres or Gen Counsel 720 Hylton Road Pennsauken, NJ 08110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,009.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------------	--	---

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC <small>Name</small>	Case number (if known) _____
--------	--	------------------------------

3.10	Nonpriority creditor's name and mailing address Andrea Bradford 1325 Jackson St San Francisco, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.11	Nonpriority creditor's name and mailing address Andrew Leshner 564 Marin Avenue Mill Valley, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.12	Nonpriority creditor's name and mailing address Angel + Dren LLC Attn: Pres or Gen Counsel 917 E 216th Street Bronx, NY 10469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.13	Nonpriority creditor's name and mailing address Anita Kay Henry 913 Cass Street Traverse City, MI 49684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,185.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.14	Nonpriority creditor's name and mailing address Anita Vittoria Lubbers 750 N Shoreline Blvd. Apt. 160 Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.15	Nonpriority creditor's name and mailing address Ann Brooner 1538 W 7th Street Benicia, CA 94510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$991.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.16	Nonpriority creditor's name and mailing address Ansonia Prompting Inc Attn: Pres or Gen Counsel 39 W 29th Street Suite 305 New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,237.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC <small>Name</small>	Case number (if known) _____
--------	--	------------------------------

3.17	Nonpriority creditor's name and mailing address AON Risk Services Attn: President or Gen Counsel PO Box 7247-7376 Philadelphia, PA 19170-7376 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.18	Nonpriority creditor's name and mailing address Associated Limousines Inc. Attn: Pres or Gen Counsel 1398 Bryant Street San Francisco, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,828.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	---

3.19	Nonpriority creditor's name and mailing address AT&T Attn: President or Gen Counsel PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	--

3.20	Nonpriority creditor's name and mailing address AT&T Mobility Attn: President or Gen Counsel PO Box 9004 National Bus. Svcs Carol Stream, IL 60197-9004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	---

3.21	Nonpriority creditor's name and mailing address Audio Visual Mmgt. Solutions Attn: Pres or Gen Counsel 814 6th Ave South Seattle, WA 98134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$170,680.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	---	---

3.22	Nonpriority creditor's name and mailing address Averitt Express Inc Attn: Pres or Gen Counsel 1415 Neal Street PO Box 3166 Cookeville, TN 38502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,143.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	--	---

3.23	Nonpriority creditor's name and mailing address Axiom Labs LLC Attn: Pres or Gen Counsel 1894 E. Williams St. Ste 4 #20 Carson City, NV 89701-3202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$630.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------	---	---

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.24	Nonpriority creditor's name and mailing address BDO USA 1888 Century Park East Fl 4 Los Angeles, CA 90067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,000.00
------	--	---	--------------------

3.25	Nonpriority creditor's name and mailing address Benesch Friedlander et al. Attn: Managing Partner 200 Public Sq. #2300 Cleveland, OH 44114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,832.84
------	---	--	--------------------

3.26	Nonpriority creditor's name and mailing address Benjamin Harrison Bryant 16 Manhattan Ave Apt 2F Brooklyn, NY 11206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
------	--	--	--------------------

3.27	Nonpriority creditor's name and mailing address BFI Waste Services LLC Attn: President or Gen Counsel RepublicSvs#840 PO Box 9001099 Louisville, KY 40290-1099 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

3.28	Nonpriority creditor's name and mailing address BJL Productions Attn: President or Gen Counsel 15 Second Street Apt 2 Sausalito, CA 94965 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,370.00
------	--	--	-------------------

3.29	Nonpriority creditor's name and mailing address Blanchard Communications Attn: President or Gen Counsel 11637 Kensington Court Boca Raton, FL 33428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,051.00
------	--	--	-------------------

3.30	Nonpriority creditor's name and mailing address Blank Productions Bertrand Blank DJ By the Bay 7 Britt Court Alameda, CA 94502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
------	---	--	-------------------

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**
Name

Case number (if known)

3.31	Nonpriority creditor's name and mailing address Blueprint Studio Trends Attn: President or Gen Counsel 352 Shaw Rd South San Francisco, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,123.27
3.32	Nonpriority creditor's name and mailing address Branded Cities NY Digital LLC Attn: President or Gen Counsel 2850 E Camelback Rd Ste 110 Phoenix, AZ 85016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,750.00
3.33	Nonpriority creditor's name and mailing address Britten Banners Inc Attn: President or Gen Counsel 2322 Cass Road Traverse City, MI 49684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,886.97
3.34	Nonpriority creditor's name and mailing address Cacique International The Imagine Bldg., Airport - Industrial Park, PO Box N-4941 Nassau, The Bahamas Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272,705.00
3.35	Nonpriority creditor's name and mailing address Camille Jacinto Hale 597 Fairway Drive Novato, CA 94949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.74
3.36	Nonpriority creditor's name and mailing address Christie Lites Enterprises USA Attn: President or Gen Counsel 6990 Lake Ellenor Dr. Orlando, FL 32809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,788.30
3.37	Nonpriority creditor's name and mailing address CLIC LLC Attn: President or Gen Counsel 601 20th St Andresen San Francisco, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,501.70

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**
Name

Case number (if known)

3.38	Nonpriority creditor's name and mailing address Comcast Corporation Attn: President or Gen Counsel PO Box 37601 Philadelphia, PA 19101-0601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.66
3.39	Nonpriority creditor's name and mailing address Comcast Corporation Attn: President or Gen Counsel PO Box 3005 Southeastern, PA 19398-3005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.40	Nonpriority creditor's name and mailing address Comcast Corporation Attn: President or Gen Counsel PO Box 105184 Atlanta, GA 30348-5184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.41	Nonpriority creditor's name and mailing address Comcast Corporation Attn: President or Gen Counsel PO Box 37601 Philadelphia, PA 19101-0601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address Corporate Kids Events Inc Attn: President or Gen Counsel 12276 Edward Dr Grass Valley, CA 95949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,851.00
3.43	Nonpriority creditor's name and mailing address Corporation Service Co Attn: President or Gen Counsel PO box 13397 Philadelphia, PA 19101-0601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address CORT Business Services Corpora Attn: President or Gen Counsel 3455 W Sunset Road Suite A Las Vegas, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,146.10

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.45	Nonpriority creditor's name and mailing address Creative Technology Group Inc Attn: President or Gen Counsel 14000 Arminta Street Panorama City, CA 91402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$127,554.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.46	Nonpriority creditor's name and mailing address Crowell & Moring LLP Attn: Managing Partner 590 Madison Ave 20th Flr New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$389,598.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.47	Nonpriority creditor's name and mailing address CS Management LLC Attn: President or Gen Counsel PO Box 8347 Elkridge, MD 21075 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,560.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.48	Nonpriority creditor's name and mailing address CSC Corporate Domains Inc Attn: President or Gen Counsel PO Box 13397 Philadelphia, PA 19101-3397 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$10.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.49	Nonpriority creditor's name and mailing address Daniel Gaines 4398 Hamilton Ave Apt B San Jose, CA 95130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.50	Nonpriority creditor's name and mailing address Daniel Kokin 1777 Adobe Canyon Rd Kenwood, CA 95452 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.51	Nonpriority creditor's name and mailing address Dave and Company Attn: President or Gen Counsel 1919 W Belmont Avenue Chicago, IL 60657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$8,850.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**
Name

Case number (if known)

3.52	Nonpriority creditor's name and mailing address Dave Longwill 1505 Demonbreun St Apt 601 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.56
3.53	Nonpriority creditor's name and mailing address David Barr 102 G St Apt 1 San Rafael, CA 94901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.54	Nonpriority creditor's name and mailing address David E M Arnold 25 Greenfield Ave Summit, NJ 07901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,078.55
3.55	Nonpriority creditor's name and mailing address David Rockwell 39 Jane St, Apt 2C New York, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.56	Nonpriority creditor's name and mailing address DS Services of America Attn: President or Gen Counsel DTE Energy PO Box 740786 Cincinnati, OH 45274-0786 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address Duane Robinson Bay Area Theatrical Rigging 1555 Burke Ave Unit O San Francisco, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,362.00
3.58	Nonpriority creditor's name and mailing address E-vents Registration LLC Attn: President or Gen Counsel 40 Tillman Street Westwood, NJ 07675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,640.50

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**
Name

Case number (if known)

3.59	Nonpriority creditor's name and mailing address Event EQ LLC Attn: President or Gen Counsel 7079 Oakland Mills Rd Suite 4 Columbia, MD 21046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,549.12
3.60	Nonpriority creditor's name and mailing address Event Services & Production LLC Attn: President or Gen Counsel 1411 Elm Hill Pike Ste 209 Nashville, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,046.96
3.61	Nonpriority creditor's name and mailing address Federal Express Attn: Bankruptcy Legal Dept. PO Box 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,178.59
3.62	Nonpriority creditor's name and mailing address Fidelity Management Trust Attn: General Counsel 82 Devonshire Street Boston, MA 02109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address First Data Attn: President or Gen Counsel 5565GlenridgeConnectorNE #2000 Atlanta, GA 30342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.64	Nonpriority creditor's name and mailing address Google Inc. Accounts Payable Attn: President or Gen Counsel PO Box 2050 Mountain View, CA 94042-2050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- Google:All Star SMB Summit:GOO049P0816A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450,000.00
3.65	Nonpriority creditor's name and mailing address Granite Attn: President or Gen Counsel PO Box 983119 Boston, MA 02298-3119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.66	Nonpriority creditor's name and mailing address Harry McCune Sound Svc Attn: President or Gen Counsel 101 Utah Ave McCune South San Francisco, CA 94080 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,032.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.67	Nonpriority creditor's name and mailing address Hosts Destination Services Inc Attn: President or Gen Counsel 7475 Wisconsin Ave #640 Bethesda, MD 20184 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,381.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.68	Nonpriority creditor's name and mailing address IBM Endicott Accounts Payable Attn: President or Gen Counsel 1701 North Street Endicott, NY 13761 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$470,183.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- IBM:HPC Phase 3:IBM086P0616D</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.69	Nonpriority creditor's name and mailing address IBM Endicott Accounts Payable Attn: President or Gen Counsel 1701 North Street Endicott, NY 13761 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,811,417.80 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- IBM:Hundred Percent Club Americas:IBM086P0616B</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.70	Nonpriority creditor's name and mailing address Inprintz Inc Attn: President or Gen Counsel 924 Borregas Ave Sunnyvale, CA 94089 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,509.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.71	Nonpriority creditor's name and mailing address Inter-Tain Productions LLC Attn: President or Gen Counsel 5213 Cathedral Ave NW Ste 100 Washington, DC 20016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.72	Nonpriority creditor's name and mailing address Iron Mountain Offsite Data Attn: Gen Counsel or Legal Dept PO Box 915004 Dallas, TX 75391 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$691.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.73	Nonpriority creditor's name and mailing address Island Creative Management LLC Attn: President or Gen Counsel 712 Bancroft Rd #506 Walnut Creek, CA 94598 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,470.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.74	Nonpriority creditor's name and mailing address J A Melons Inc Attn: President or Gen Counsel 390 Swift Ave Suite 1 South San Francisco, CA 94080 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$39,055.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.75	Nonpriority creditor's name and mailing address Jeff D Lietz 7018 Richmond Ave Darien, IL 60561 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.76	Nonpriority creditor's name and mailing address Jennifer Beers 17 Buhl Lane East Northport, NY 11731 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$59.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.77	Nonpriority creditor's name and mailing address Jessica Lapin 633 Cleveland Street #2 Oakland, CA 94606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$28.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.78	Nonpriority creditor's name and mailing address Jonathan Irons 46-55 Metropolitan Ave Siote 406 Ridgewood, NY 11385 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$11,438.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.79	Nonpriority creditor's name and mailing address JVMSL Events Inc Attn: President or Gen Counsel 7895 Cessna Ave Suite K Gaithersburg, MD 20879 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$6,245.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.80	Nonpriority creditor's name and mailing address Kathryn Skoglund 1022 Woodbine Ave Oak Park, IL 60302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,110.00
------	--	--	-------------------

3.81	Nonpriority creditor's name and mailing address Kathy Bond 3135 W Wilson Ave #2 Bond Results Chicago, IL 60625 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,305.00
------	---	--	--------------------

3.82	Nonpriority creditor's name and mailing address Keith Balzer 57 Front St Apt 203 Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.64
------	--	--	-------------------

3.83	Nonpriority creditor's name and mailing address Kuoni Destination Mgmt. Inc. Attn: President or Gen Counsel 500 Seventh Avenue 9th Fl New York, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,111.20
------	---	--	--------------------

3.84	Nonpriority creditor's name and mailing address Level 3 Communications Attn: President or Gen Counsel PO Box 910182 Denver, CO 80291-0182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.85	Nonpriority creditor's name and mailing address Marshyl Rothman 144 7th Ave Brooklyn, NY 11215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
------	---	--	-----------------

3.86	Nonpriority creditor's name and mailing address Microsoft Corporation Attn: President or Gen Counsel PO Box 842103 Dallas, TX 75284-2103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.87	Nonpriority creditor's name and mailing address MRI Lightpainting LLC Attn: President or Gen Counsel 141 Spencer St #107 Brooklyn, NY 11205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.88	Nonpriority creditor's name and mailing address Mutual of Omaha Insurance Attn: General Counsel PO Bos 2147 Omaha, NE 68103-2147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.89	Nonpriority creditor's name and mailing address Naomi Cogliandro 1330 Funston Ave San Francisco, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.90	Nonpriority creditor's name and mailing address Nashville Electric Service Attn: President or Gen Counsel 1214 Church Street Nashville, TN 37246-0030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.91	Nonpriority creditor's name and mailing address Neysa L Cromer Forgotten Ink Attn: President or Gen Counsel 9353 W 100th Cir Westminster, CO 80021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.92	Nonpriority creditor's name and mailing address Noldermedia Inc Attn: President or Gen Counsel 2269 Chestnut St #140 San Francisco, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,737.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.93	Nonpriority creditor's name and mailing address NRG Energy Inc. Accounts Payable 112 Telly Street New Roads, LA 70760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,483.85 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- NRG:Frontline Event:NRG065M0616A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.94	Nonpriority creditor's name and mailing address NRG Energy Inc. Accounts Payable 112 Telly Street New Roads, LA 70760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- NRG:Leadership Meeting:NRG065M0516A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,554.00
------	--	--	--------------------

3.95	Nonpriority creditor's name and mailing address Interactive Consulting & Events Limited Knyvett House The Causeway Staines TW18 3BA United Kingdom Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$737,274.64
------	---	--	---------------------

3.96	Nonpriority creditor's name and mailing address Octagon Inc Attn: President or Gen Counsel 800 Connecticut Ave Ste 2E Norwalk, CT 06854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
------	--	--	-------------------

3.97	Nonpriority creditor's name and mailing address On Assignment Inc Creative Cir Attn: President or Gen Counsel 28027 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,450.00
------	--	--	--------------------

3.98	Nonpriority creditor's name and mailing address One Hat One Hand LLC Attn: President or Gen Counsel 1335 Yosemite St San Francisco, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,967.32
------	---	--	--------------------

3.99	Nonpriority creditor's name and mailing address Pacific Union Co Attn: President or Gen Counsel 1030 Main St Ste 300 Saint Helena, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,150.86
------	--	--	-------------------

3.100	Nonpriority creditor's name and mailing address Paul Shorr 322 W. 72nd St #13B C/o Porges New York, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
-------	---	--	-------------------

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.101	Nonpriority creditor's name and mailing address PC Mall Attn: President or Gen Counsel PCM Sales Inc File 55327 Los Angeles, CA 90074-5327 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.102	Nonpriority creditor's name and mailing address Philz Coffee Inc Attn: President or Gen Counsel 1258 Minnesota Street San Francisco, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.103	Nonpriority creditor's name and mailing address PIEDMONT NATURAL GAS COMPANY Attn: President or Gen Counsel PO Box 660920 Dallas, TX 75266-0920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.104	Nonpriority creditor's name and mailing address PLUG Digital Inc Attn: President or Gen Counsel 229 W 28th Street New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,388.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.105	Nonpriority creditor's name and mailing address Poland Spring Attn: President or Gen Counsel ReadyFresh PO Box 856192 Louisville, KY 40285-6192 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.106	Nonpriority creditor's name and mailing address Post Capital Management II LLC Attn: M. Pfeffer, C. Cheang.. 747 Third Ave., 19th Floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$187,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.107	Nonpriority creditor's name and mailing address Pro-Kids Productions Inc Attn: President or Gen Counsel 915 Twin Elms Ct Nashville, TN 37064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,149.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.108	Nonpriority creditor's name and mailing address Production Support Services Attn: President or Gen Counsel 8886 Spanish Ridge Ave Las Vegas, NV 89148 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,889.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.109	Nonpriority creditor's name and mailing address Purepartner By Design Attn: President or Gen Counsel 7 W 55th St FL 7 New York, NY 10019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,730.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.110	Nonpriority creditor's name and mailing address Regus Corporation Attn: President or Gen Counsel PO Box 842456 Dallas, TX 75284-2456 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.111	Nonpriority creditor's name and mailing address Renegade Lovers LLC Attn: President or Gen Counsel 241 Troutman St #1R Brooklyn, NY 11237 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.112	Nonpriority creditor's name and mailing address Richard Bruno 514 W End Ave 1A New York, NY 10024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,538.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.113	Nonpriority creditor's name and mailing address RingCentral Inc. Attn: Accounting Dept Ch 19585 Palatine, IL 60055-9585 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.114	Nonpriority creditor's name and mailing address RJ Reynolds Tobacco Co. Attn: Disbursements/Legal Dept PO Box 2955 Winston Salem, NC 27102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$583,432.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- RJR:Coaching Conference:RJR065P0516A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.115	Nonpriority creditor's name and mailing address Rye Bar Corp Rye On The Road Attn: President or Gen Counsel 688 Geary Street San Francisco, CA 94102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,927.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.116	Nonpriority creditor's name and mailing address SAI Global Inc Attn: President or Gen Counsel PO Box 311116 Lock B # T66072U Detroit, MI 48231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,113.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.117	Nonpriority creditor's name and mailing address Sara Kauss Photography Attn: President or Gen Counsel 18918 131st Trail North Jupiter, FL 33478 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.118	Nonpriority creditor's name and mailing address Seven Red Productions Inc Attn: President or Gen Counsel 55 32nd Street Copiapue, NY 11726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,976.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.119	Nonpriority creditor's name and mailing address Simulmedia Accounts Payable 401 Park Avenue South 11th Floor New York, NY 10016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,223.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- Simulmedia:PeopleFront 2016:SIM086P0416A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.120	Nonpriority creditor's name and mailing address Skyline Credit Ride Inc Attn: President or Gen Counsel 52-29 35th St Long Island City, NY 11101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$165.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.121	Nonpriority creditor's name and mailing address SLCCP Management Co., LLC Attn: Samuel Shimer 4905 34th St. S. #355 Saint Petersburg, FL 33711 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$187,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**
Name

Case number (if known)

3.122	Nonpriority creditor's name and mailing address Southfield HS Development LLC Attn: President or Gen Counsel 26555 Evergreen Rd Suite 102 Southfield, MI 48076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,508.17
3.123	Nonpriority creditor's name and mailing address Staples Contract & Commercial Attn: President or Gen Counsel PO Box 83689 Staples Adv. Dept Chicago, IL 60696-3689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$822.99
3.124	Nonpriority creditor's name and mailing address Stone Mountain Productions Attn: President or Gen Counsel 109 Murdock Creek Court Cary, NC 27519 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,200.00
3.125	Nonpriority creditor's name and mailing address Tel. Buying Group LLC Attn: President or Gen Counsel PO Box 347261 TBG Conferencing Pittsburgh, PA 15251-4261 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.38
3.126	Nonpriority creditor's name and mailing address The Bosco Booth LLC Attn: President or Gen Counsel 1182 Flushing Ave Suite 308 Brooklyn, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,740.00
3.127	Nonpriority creditor's name and mailing address The Hartford Attn: President or Gen Counsel PO Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,296.34
3.128	Nonpriority creditor's name and mailing address The Hartford Attn: President or Gen Counsel PO Box 660916 Dallas, TX 75226-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.129	Nonpriority creditor's name and mailing address This Is It StageWorks LLC Attn: President or Gen Counsel 720 Monroe Street #E303 Hoboken, NJ 07030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,621.27
-------	---	--	-------------------

3.130	Nonpriority creditor's name and mailing address Tim P Miller 1362 Monte Maria Ave Downstage Center Design Novato, CA 94947 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$993.00
-------	---	--	-----------------

3.131	Nonpriority creditor's name and mailing address Time Warner Cable Attn: President or Gen Counsel PO Box 11820 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.132	Nonpriority creditor's name and mailing address Tina-Marie Wassman 25430 Westmoreland Dr Farmington, MI 48336 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
-------	--	--	-------------------

3.133	Nonpriority creditor's name and mailing address Total Brand Activation PTE Ltd PICO Creative Centre 20 Kallang Avenue Singapore 339411 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241,761.31
-------	---	--	---------------------

3.134	Nonpriority creditor's name and mailing address TransitChek Lockbox 27457/JP Morgan Chase 4 Chase Metrotech Center 7 FIE Brooklyn, NY 11245 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.135	Nonpriority creditor's name and mailing address Transzap Inc Attn: President or Gen Counsel Dept 3597 PO Box 123597 Dallas, TX 75312 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,755.00
-------	---	--	-------------------

Debtor	TBA Global, LLC f/k/a TBA Global Events, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.136	Nonpriority creditor's name and mailing address Travis Inc Attn: President or Gen Counsel 920 East State Pkwy Schaumburg, IL 60173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$196,869.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.137	Nonpriority creditor's name and mailing address Turtle Bay Resort LLC Attn: President or Gen Counsel 57-091 Kamehameha Hwy Kahuku, HI 96731 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,957.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.138	Nonpriority creditor's name and mailing address UFC Accounts Payable or Attn: Pres. or Gen Counsel 2960 West Sahara Las Vegas, NV 89102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$92,780.88 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- UFC:Consulting Retainer:UFC086P0716A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.139	Nonpriority creditor's name and mailing address UFC Accounts Payable or Attn: Pres. or Gen Counsel 2960 West Sahara Las Vegas, NV 89102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,956.02 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- UFC:Production Activation:UFC086P0316A</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.140	Nonpriority creditor's name and mailing address UFC Accounts Payable or Attn: Pres. or Gen Counsel 2960 West Sahara Las Vegas, NV 89102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,500.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Deposit for project -- UFC:Programming Development:UFC086P0316B</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.141	Nonpriority creditor's name and mailing address Versatile Solutions LLC Attn: President or Gen Counsel 1894 E Williams St Ste 4 #208 Carson City, NV 89701-3202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.142	Nonpriority creditor's name and mailing address Washington Speakers Bureau Inc Attn: President or Gen Counsel 1663 Prince Street Alexandria, VA 22314 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC** Case number (if known) _____

Name

3.143	Nonpriority creditor's name and mailing address We Serve Inc Attn: President or Gen Counsel 6280 S Valley View Blvd #334 Las Vegas, NV 89118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
3.144	Nonpriority creditor's name and mailing address Wheels Up Partners LLC 220 W 42nd Street FL 9 New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,615.10
3.145	Nonpriority creditor's name and mailing address Winston & Strawn Attn: Carey Schreiber, Esq. 200 Park Avenue New York, NY 10166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205,000.00
3.146	Nonpriority creditor's name and mailing address Words That Work Inc Attn: President or Gen Counsel 482 E 900 N Harry Karabel Valparaiso, IN 46383 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,075.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 217,260.00
5b. +	\$ 9,731,235.02
5c.	\$ 9,948,495.02

Fill in this information to identify the case:

Debtor name **TBA Global, LLC f/k/a TBA Global Events, LLC**
United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Commercial lease for premises located at 531 N. Brand Blvd. #800, Glendale, CA 91203 and vacated on or about February 2016. expires on 9/1/16	BRE CA Office Owner LLC C/o Equity Office Management 27200 Tournay Rd. Ste. 310 Valencia, CA 91355
2.2.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Master services agreement. expires on 12/1/17	Coca Cola Company Accts Payable or Legal Dept PO Drawer 2467 Atlanta, GA 30301
2.3.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Master services agreement. 4/1/17	Diageo Attn: Gen Counsel/Legal Dept 530 5th Ave #4 New York, NY 10036
2.4.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Global master services agreement	Google Inc. Attn: Legal Dept PO Box 2050 Mountain View, CA 94042-2050

Debtor 1 **TBA Global, LLC f/k/a TBA Global Events, LLC**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Global master services agreement**

State the term remaining **expires on 12/1/18**

List the contract number of any government contract

**IBM
Accts Payable or Legal Dept
1701 North Street
Endicott, NY 13761-9005**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Provider of professional employer organization services.**

State the term remaining **expires on 10/1/16**

List the contract number of any government contract

**Oasis Outsourcing
Attn: President or Gen Counsel
PO Box 221045
West Palm Beach, FL 33422**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Accounting software**

State the term remaining **expires on 3/1/17**

List the contract number of any government contract

**Oildex f/k/a ADP Open Invoice
Attn: President or Gen Counsel
633 Seventeenth St, Suite 2000
Denver, CO 80202**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Commercial sublease for premises located at 106 Lincoln Boulevard, San Francisco, CA 94129.**

State the term remaining **month-to-month**

List the contract number of any government contract

**Pacific Union Co.
Attn: President or Gen Counsel
1030 Main St., Suite 300
Saint Helena, CA 94574**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Employment agreement**

State the term remaining **n/a**

List the contract number of any government contract

**Paula L. Balzer
2929 Gardens Blvd.
Naples, FL 34105**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Management consulting agreement.**

State the term remaining **expires on November 2022**

**Post Capital Management II LLC
Attn: M. Pfeffer, C. Cheang..
747 Third Ave., 19th Floor
New York, NY 10017**

Debtor 1 **TBA Global, LLC f/k/a TBA Global Events, LLC**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Copier leases for various debtor locations.**

State the term remaining **expires on 5/31/16**

List the contract number of any government contract

**Ricoh USA Program
Attn: President or Gen Counsel
PO Box 650073
Dallas, TX 75265**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Global master services agreement**

State the term remaining **expires 7/12/17**

List the contract number of any government contract

**RJ Reynolds Tobacco Co.
Legal Dept or Disbursements
PO Box 2955
Winston Salem, NC 27102**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease for premises located at 113 Seaboard Lane, Suite A105, Franklin, TN 37067**

State the term remaining **expires on 6/30/17**

List the contract number of any government contract

**Rollins Associates L.P.
Attn: President or Gen Counsel
PO Box 100526
Nashville, TN 37224**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Global master services agreement**

State the term remaining **n/a**

List the contract number of any government contract

**Salesforce
Streamline Events
1290 59th Street
Emeryville, CA 94608**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Accounting software**

State the term remaining **unknown**

List the contract number of any government contract

**Skyline UniData
Attn: President or Gen Counsel
65-21 Fresh Meadow Lane
Flushing, NY 11365**

Debtor 1 **TBA Global, LLC f/k/a TBA Global Events, LLC**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest **Management consulting agreement**

State the term remaining

expires on November 2022

**SLCCP Management Co., LLC
Attn: Samuel Shimer
4905 34th St. S. #355
Saint Petersburg, FL 33711**

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest **Master services agreement (North America)**

State the term remaining

expires on 1/5/18

**Sony
Accts Payable or Legal Dept
2207 Bridgepointe Pkwy
San Mateo, CA 94404**

List the contract number of any government contract

2.18. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease for premises located at 26555 Evergreen Road, Suite 530, Southfield, MI 48076**

State the term remaining

expires on 12/31/17

**Southfield HS Development LLC
Attn: President or Gen Counsel
26555 Evergreen Rd Ste. 102
Southfield, MI 48076**

List the contract number of any government contract

2.19. State what the contract or lease is for and the nature of the debtor's interest **Commercial sublease for premises located at 220 W. 42nd Street Floor 10, New York, NY 10036**

State the term remaining

expires on 9/30/16

**Wheels Up Partners LLC
Attn: President or Gen Counsel
220 W. 42nd Street Flr 9
New York, NY 10036**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name TBA Global, LLC f/k/a TBA Global Events, LLC
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1	Global Events and Marketing	220 W. 42nd St. Floor 10 New York, NY 10036	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	------------------------------------	--	--	--

2.2	Global Events and Marketing	220 W. 42nd St. Floor 10 New York, NY 10036	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	------------------------------------	--	--	--

2.3	TBA Global Holdings, Inc.	220 W. 42nd Street Floor 10 New York, NY 10036	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------------------	---	--	--

2.4	TBA Global Holdings, Inc.	220 W. 42nd St. Floor 10 New York, NY 10036	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	----------------------------------	--	--	--

2.5	TBA Global Limited	Thornton House, Thornton Road Wimbledon London SW19 4NB United Kingdom	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---------------------------	---	--	--

Debtor **TBA Global, LLC f/k/a TBA Global Events, LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	TBA Global Limited	Thornton House, Thornton Road Wimbledon, London SW19 4NB United Kingdom	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---------------------------	--	--	--

2.7	TBA Global Marketing, Inc.	3665 Kingsway Suite 300 Vancouver BC V5R 5W2 Canada	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	-----------------------------------	--	--	--

2.8	TBA Global Marketing, Inc.	3655 Kingsway Suite 300 Vancouver, BC V5R 5W2 Canada	Webster Bank, National Assoc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	-----------------------------------	---	--	--